

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K03112 (5)**

1. Corporation Name

**PHARMACIST PREFERRED, INC.**



Principal Place of Business

Mailing Address

**369 OFFICE PLAZA  
TALLAHASSEE FL 32301**

**369 OFFICE PLAZA  
TALLAHASSEE FL 32301**

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**ALVAREZ, ERIC  
3001 NW 7TH ST.  
MIAMI FL 33125**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>11/20/1987</b>	<b>05/04/1995</b>
4. FEI Number	Applied For
<b>59-3019781</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for professional name of registered agent as per 11A, Florida Statutes

Date (Use 24 April 2000 format) (MM/DD/YYYY)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, ERIC</b>	11 TITLE	
STREET ADDRESS	<b>3001 NW 7TH ST</b>	12 NAME	
CITY, ST, ZIP	<b>MIAMI FL 33125</b>	13 STREET ADDRESS	
TITLE	<b>TD</b>	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNING, GEORGE</b>	21 TITLE	
STREET ADDRESS	<b>141 E. HIBISCUS AVE</b>	22 NAME	
CITY, ST, ZIP	<b>MELBOURNE FL</b>	23 STREET ADDRESS	
TITLE	<b>SD</b>	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUCARINO, DAN</b>	31 TITLE	
STREET ADDRESS	<b>1025 LAKE CARROLL WAY</b>	32 NAME	
CITY, ST, ZIP	<b>TAMPA FL</b>	33 STREET ADDRESS	
TITLE		34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41 TITLE	
STREET ADDRESS		42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
TITLE		44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51 TITLE	
STREET ADDRESS		52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
TITLE		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61 TITLE	
STREET ADDRESS		62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (305) 649-3300  
Date Daytime Phone

CR2E034 (12/95)